



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

School District Claim for  
State Reimbursement for  
School Bus Transportation

State ☐  
District ☐  
County ☐

DUE DATES:	First Semester	Second Semester
	February 1 to County Superintendent February 15 to State Superintendent	May 10 to County Superintendent May 24 to State Superintendent

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:

This claim is for the period beginning \_\_\_\_\_, 20\_\_\_\_ and ending \_\_\_\_\_, 20\_\_\_\_.  
month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date	Signature, Chair, Board of Trustees							
County:	District:					District Level:		
50 Teton	0883 Choteau Elem					Elementary		
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
50	1	1	98	1.36	60	08/23/05	_____	_____
50	1	2	72	1.36	60	08/23/05	_____	_____
50	1	3	92	0.95	36	08/23/05	_____	_____
50	1	4	94	0.95	47	08/23/05	_____	_____
50	1	5	52	0.95	30	08/23/05	_____	_____



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

School District Claim for  
State Reimbursement for  
School Bus Transportation

State ☐  
District ☐  
County ☐

DUE DATES:	First Semester	Second Semester
	February 1 to County Superintendent February 15 to State Superintendent	May 10 to County Superintendent May 24 to State Superintendent

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:

This claim is for the period beginning \_\_\_\_\_, 20\_\_\_\_ and ending \_\_\_\_\_, 20\_\_\_\_.  
month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date	Signature, Chair, Board of Trustees							
County:	District:						District Level:	
50 Teton	0884 Choteau H S						High School	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
50	1	1	98	1.36	60	08/23/05	_____	_____
50	1	2	72	1.36	60	08/23/05	_____	_____
50	1	3	92	0.95	36	08/23/05	_____	_____
50	1	4	94	0.95	47	08/23/05	_____	_____
50	1	5	52	0.95	30	08/23/05	_____	_____



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

**School District Claim for  
State Reimbursement for  
School Bus Transportation**

State ☐  
District ☐  
County ☐

**DUE  
DATES:**

**First Semester**  
**February 1 to County Superintendent**  
**February 15 to State Superintendent**

**Second Semester**  
**May 10 to County Superintendent**  
**May 24 to State Superintendent**

**COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:**

This claim is for the period beginning \_\_\_\_\_, 20\_\_\_\_ and ending \_\_\_\_\_, 20\_\_\_\_.  
month day month day

**CERTIFICATION:**

The information on this form is complete and accurate to the best of my knowledge.

Date		Signature, Chair, Board of Trustees						
County:		District:					District Level:	
<b>50 Teton</b>		<b>0889 Bynum Elem</b>					<b>Elementary</b>	
<b>Percentage</b>	<b>District #</b>	<b>Route #</b>	<b>Miles Per Day</b>	<b>Rate Per Mile</b>	<b>Capacity</b>	<b>Inspection</b>	<b>Days Operated</b>	<b>Bus Driver's Social Security #</b>
100	12	1	26.4	0.95	36	08/26/05		



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

School District Claim for  
State Reimbursement for  
School Bus Transportation

State ☐  
District ☐  
County ☐

DUE DATES:	First Semester	Second Semester
	February 1 to County Superintendent February 15 to State Superintendent	May 10 to County Superintendent May 24 to State Superintendent

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:

This claim is for the period beginning \_\_\_\_\_, 20\_\_\_\_ and ending \_\_\_\_\_, 20\_\_\_\_.  
month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date	Signature, Chair, Board of Trustees							
County:	District:						District Level:	
50 Teton	0890 Fairfield Elem						Elementary	

Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
50	21	1	84	1.15	58	08/15/05	_____	_____
50	21	2	100	1.15	58	08/15/05	_____	_____
50	21	3	98	1.15	58	08/15/05	_____	_____
50	21	4	70	1.15	52	08/15/05	_____	_____
50	21	5	94	1.36	66	08/15/05	_____	_____



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

School District Claim for  
State Reimbursement for  
School Bus Transportation

State ☐  
District ☐  
County ☐

DUE DATES:	First Semester	Second Semester
	February 1 to County Superintendent February 15 to State Superintendent	May 10 to County Superintendent May 24 to State Superintendent

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:

This claim is for the period beginning \_\_\_\_\_, 20\_\_\_\_ and ending \_\_\_\_\_, 20\_\_\_\_.  
month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date		Signature, Chair, Board of Trustees						
County:		District:					District Level:	
50 Teton		0891 Fairfield H S					High School	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
50	21	1	84	1.15	58	08/15/05	_____	_____
50	21	2	100	1.15	58	08/15/05	_____	_____
50	21	3	98	1.15	58	08/15/05	_____	_____
50	21	4	70	1.15	52	08/15/05	_____	_____
50	21	5	94	1.36	66	08/15/05	_____	_____



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

School District Claim for  
State Reimbursement for  
School Bus Transportation

State ☐  
District ☐  
County ☐

DUE DATES:	First Semester	Second Semester
	February 1 to County Superintendent February 15 to State Superintendent	May 10 to County Superintendent May 24 to State Superintendent

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:

This claim is for the period beginning \_\_\_\_\_, 20\_\_\_\_ and ending \_\_\_\_\_, 20\_\_\_\_.  
month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date		Signature, Chair, Board of Trustees						
County:		District:					District Level:	
50 Teton		0894 Power Elem					Elementary	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
70	30	1	84	0.95	48	08/18/05	_____	_____
70	30	2	126.5	0.95	48	08/18/05	_____	_____
70	30	3	93	1.36	60	08/18/05	_____	_____



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

**School District Claim for  
State Reimbursement for  
School Bus Transportation**

State ☐  
District ☐  
County ☐

**DUE  
DATES:**

**First Semester**  
**February 1 to County Superintendent**  
**February 15 to State Superintendent**

**Second Semester**  
**May 10 to County Superintendent**  
**May 24 to State Superintendent**

**COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:**

This claim is for the period beginning \_\_\_\_\_, 20\_\_\_\_ and ending \_\_\_\_\_, 20\_\_\_\_.  
month day month day

**CERTIFICATION:**

The information on this form is complete and accurate to the best of my knowledge.

Date		Signature, Chair, Board of Trustees						
County:		District:					District Level:	
<b>50 Teton</b>		<b>0895 Power H S</b>					<b>High School</b>	
<b>Percentage</b>	<b>District #</b>	<b>Route #</b>	<b>Miles Per Day</b>	<b>Rate Per Mile</b>	<b>Capacity</b>	<b>Inspection</b>	<b>Days Operated</b>	<b>Bus Driver's Social Security #</b>
30	30	1	84	0.95	48	08/18/05	_____	_____
30	30	2	126.5	0.95	48	08/18/05	_____	_____
30	30	3	93	1.36	60	08/18/05	_____	_____



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

**School District Claim for  
State Reimbursement for  
School Bus Transportation**

State ☐  
District ☐  
County ☐

**DUE  
DATES:**

**First Semester**  
**February 1 to County Superintendent**  
**February 15 to State Superintendent**

**Second Semester**  
**May 10 to County Superintendent**  
**May 24 to State Superintendent**

**COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:**

This claim is for the period beginning \_\_\_\_\_, 20\_\_\_\_ and ending \_\_\_\_\_, 20\_\_\_\_.  
month day month day

**CERTIFICATION:**

The information on this form is complete and accurate to the best of my knowledge.

Date		Signature, Chair, Board of Trustees						
County: <b>50 Teton</b>		District: <b>0896 Golden Ridge Elem</b>					District Level: <b>Elementary</b>	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
100	45	1	48.6	0.95	19	08/23/05		





Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

School District Claim for  
State Reimbursement for  
School Bus Transportation

State ☐  
District ☐  
County ☐

DUE DATES:	First Semester	Second Semester
	February 1 to County Superintendent February 15 to State Superintendent	May 10 to County Superintendent May 24 to State Superintendent

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:

This claim is for the period beginning \_\_\_\_\_, 20\_\_\_\_ and ending \_\_\_\_\_, 20\_\_\_\_.  
month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date	Signature, Chair, Board of Trustees							
County:	District:					District Level:		
50 Teton	0900 Greenfield Elem					Elementary		
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
100	75	1	56	0.95	48	08/17/05	_____	_____
100	75	2	46	0.95	48	08/17/05	_____	_____



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

School District Claim for  
State Reimbursement for  
School Bus Transportation

State ☐  
District ☐  
County ☐

DUE DATES:	First Semester	Second Semester
	February 1 to County Superintendent February 15 to State Superintendent	May 10 to County Superintendent May 24 to State Superintendent

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:

This claim is for the period beginning \_\_\_\_\_, 20\_\_\_\_ and ending \_\_\_\_\_, 20\_\_\_\_.  
month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date		Signature, Chair, Board of Trustees						
County:		District:					District Level:	
50 Teton		1235 Dutton/Brady K-12 Schools					High School	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
100	28C	1	132	0.95	48	08/18/05	_____	_____
100	28C	1Non	40	0.50	48	08/18/05	_____	_____
100	28C	2	120	0.95	36	08/18/05	_____	_____
100	28C	3	82	0.95	35	08/18/05	_____	_____
100	28C	4	86	0.95	48	08/18/05	_____	_____